

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M70645

FILED
Apr 23, 2007
Secretary of State

Entity Name: BINSWANGER OF FLORIDA, INC.

Current Principal Place of Business:

8250 NW 27 STREET
SUITE 309
MIAMI, FL 33122 US

New Principal Place of Business:

Current Mailing Address:

TWO LOGAN SQUARE
4TH FLOOR
PHILADELPHIA, PA 19103

New Mailing Address:

FEI Number: 23-2512994 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: BRENNAN, MICHAEL J.,
Address: TWO LOGAN SQ. 4TH FLOOR
City-St-Zip: PHILADELPHIA, PA 19103

Title: VP () Delete
Name: SYGENDA, SUSAN M
Address: TWO LOGAN SQUARE 4TH FLOOR
City-St-Zip: PHILADELPHIA, PA 19103

Title: VP () Delete
Name: O'HARE, G PATRICK
Address: 8250 NW 27 STREET STE 309
City-St-Zip: MIAMI, FL 33122

Title: P () Delete
Name: BINSWANGER, DAVID
Address: TWO LOGAN SQUARE 4TH FLOOR
City-St-Zip: PHILADELPHIA, PA 19103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: MATECKI, GREGORY
Address: TWO LOGAN SQ. 4TH FLOOR
City-St-Zip: PHILADELPHIA, PA 19103

Title: VP (X) Change () Addition
Name: CULLEN, DANIEL F
Address: TWO LOGAN SQUARE 4TH FLOOR
City-St-Zip: PHILADELPHIA, PA 19103

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: BINSWANGER, DAVID R
Address: TWO LOGAN SQUARE 4TH FLOOR
City-St-Zip: PHILADELPHIA, PA 19103

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL F. CULLEN

VP

04/23/2007

Electronic Signature of Signing Officer or Director

_____ Date